

**CONDITIONS FOR WEEKLY CARE**  
**SCHOOL YEAR (SY) 2006-2007**  
(Effective 01 October 06)

The goal of the Wright-Patterson AFB Child Development Program is to provide the highest quality care for your child(ren) at the most reasonable cost possible. To ensure expenses are kept to a minimum, the following procedures have been developed:

1. Parent fee ranges are established yearly by DoD and fees (six categories) are approved at base level prior to implementation. Placement in one of the six categories is based on total family income as defined by the latest guidance published by DoD. Fees will be changed no more than once per year pending any required bargaining procedures or special circumstances as determined by the Installation Commander or designee.
2. Fees are computed for ten hours of care per day and 50 hours of care per week. If care is provided for more than ten hours per day (official duty only), an hourly equivalent of the weekly fee will be charged. Use of the facilities for more than 10 hours per day on a regular basis must be approved by the Mission Support Group Commander or designee in writing and in advance. No credit is given for federal/local holidays, when the program is closed due to unforeseen circumstances such as inclement weather or facility problems, absences due to illnesses, TDYs, behavior problems, vacations or hours not used. Fees are used to pay staff salaries.
3. Three fee payment options are available (see page 2 for details.) When signing this agreement, the fee payment option selected will be enforced for the duration of this agreement. Payments may be made by cash, check, club card, credit card (Visa and Mastercard) or EFT when available. Clients will have 2 business days to make their payments. After 2 days, a \$5 late fee per day, per child, will be assessed for up to 2 business days past the due dates. If the fees and late charges have not been paid by this time, care will not be provided until the total debt has been paid in full.
4. Patrons may sublet their spaces if the absence will be at least one week (M-F). The Resource and Referral Coordinator may have information on interested customers who wish to sublet your child's space, but it is your responsibility to find someone to sublet your slot when you are absent. You may contact the Coordinator at 257-2644.
5. AF requires termination of services within a reasonable time to families where one or both parents are no longer employed if a waiting list for care exists. Exceptions to this policy are for full-time students (as defined by Air Force policy) and those parents who can show proof of actively seeking employment. Parents must notify their center if a change in employment occurs. Parents who are no longer working must provide proof of full-time enrollment in a college, trade school, etc., or they are actively seeking employment (job search records, letters from potential employers confirming interview, etc.) If proof is not provided within two months from loss of employment and a waiting list for care exists, child care services must be terminated. Parents are required to notify the center if their eligibility status changes.
6. Closing hours are posted in each facility. A late fee of \$1.00 per minute will be charged when children are picked up after facility closings. Late fees must be paid at time of pick-up.
7. A two week notice in writing is required prior to withdrawing the child(ren) from weekly care. Additional weekly fees may be charged if sufficient notice is not given and this amount may be referred to the NAF Accounting Office for collection. Refunds are provided if sufficient withdrawal notice is given.
8. If a family experiences financial hardship (loss of employment, divorce, etc.) a reduction in fees may be requested of the Mission Support Group Commander or designee. Financial hardships are situations that are unpredictable and unpreventable. Parents need to coordinated requests for fee reductions with the facility director. A new DD Form 2652 with supporting documentation must be completed as part of this process. Fee reductions may be granted on temporary basis.

**SCHOOL YEAR 2006-2007 FEES**

CA T	TOTAL FAMILY INCOME (TFI)	ANNUAL	EQUIV WEEKLY RATE
1	\$0-28,000	\$3,224	\$62
2	\$28,001-34,000	\$3,952	\$76
3	\$34,001-44,000	\$4,628	\$89
4	\$44,001-55,000	\$5,304	\$102
5	\$55,001-70,000	\$6,032	\$116
6	\$70,001-UP	\$6,708	\$129

**FEE PAYMENT OPTIONS:**

- A. **Weekly** – payments are due each Monday and Tuesday. Late fees are charged on Wednesday and Thursday. Service will be suspended on Friday.
- B. **Bi-monthly** – payments are due on the first 2 paydays of the month.
- For the military, this will be the 1<sup>st</sup> and the 15<sup>th</sup> (or first business days thereafter). One additional free day is allowed before the two late payment days are charged.
  - For civilians, this will be their payday Fridays. Payments will be accepted on Monday. Late fees will be charged on Tuesday and Wednesday. Service will be suspended on Thursday.
- B. **Monthly** – payment is due on the 1<sup>st</sup> day of the month (or the first business day thereafter). One additional free day is allowed before the two late payment days are charged. Service will be suspended the following day if payment is not received.

**CHILD(REN) NAME(S):** \_\_\_\_\_

**MEMO OF UNDERSTANDING**

I have read and understood the Wright-Patterson AFB Conditions for Weekly Care. I understand additional charges and/or penalties may be incurred if the policies outlined are not followed. I also understand that any outstanding debt may be referred to the NAF Accounting Office for collection.

**PAYMENT PLAN:**

- ☐ Weekly (payment due each Monday)
- ☐ Military (payments due on 1<sup>st</sup> and 15<sup>th</sup>)
- ☐ APF Civilian (payments due on first two APF payday Fridays each month)
- ☐ NAF Civilian (payments due on first two NAF payday Fridays each month)
- ☐ Monthly plan (payment due on the 1<sup>st</sup>)

\_\_\_\_\_  
**SPONSOR PRINTED NAME**

\_\_\_\_\_  
**SPONSOR SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CDC REPRESENTATIVE SIGNATURE**

\_\_\_\_\_  
**DATE**

**TO BE COMPLETED BY CDC STAFF:**

**CATEGORY:**

**WEEKLY FEE:**

**BI-MONTHLY:**